Case 17-13090 Doc 1 Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Main Document Page 1 of 37

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	t 1: Identify Yourself		*****	
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on	Dolores		
	your government-issued picture identification (for	First name	- 4	First name
	example, your driver's	R		
	license or passport).	Middle name		Middle name
	Bring your picture identification to your	McCarthy		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	Dolly McCarthy	3.44	
	Include your married or	Dolores R Caravette McCarthy		
	maiden names.			
3.	Only the last 4 digits of			
	your Social Security number or federal	xxx-xx-4105		
	Individual Taxpayer	XXX-XX-4100		
	(ITIN)			

Det	Case 17-1	Document Page	ered 04/26/17 15:00:00 Desc Main e 2 of 37 Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EINs	EINs
5.	Where you live		If Debtor 2 lives at a different address:
		406 S. Knight Avenue Park Ridge, IL 60068	Augusta Augusta
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Cook County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition	Over the last 180 days before filing this petition, I

- I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

- have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Deb	tor 1 Dolores R McCart	hy			(Case number (if known)			
Par	t 2: Tell the Court About	Your Bank	ruptcy Cas	e					
7.	The chapter of the Bankruptcy Code you are choosing to file under		Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to me under	■ Chapt	er 7						
		☐ Chapt	er 11						
		☐ Chapt	er 12						
		☐ Chapt	er 13						
8.	How you will pay the fee	abo ord a p	out how you er. If your a re-printed a	i may pay. Typica ittorney is submitt address.	ally, if you are paying the fee you ting your payment on your beha	with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money lf, your attorney may pay with a credit card or check with			
					iments. If you choose this optio Official Form 103A).	n, sign and attach the Application for Individuals to Pay			
		i re but app	quest that is not requ plies to you	my fee be waive ired to, waive you r family size and y	ed (You may request this option or fee, and may do so only if you you are unable to pay the fee in	only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out ial Form 103B) and file it with your petition.			
9.	Have you filed for bankruptcy within the last 8 years?	■ No. □ Yes.							
	last o years i	Li tes.	District		When	Case number			
			District			Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes.							
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	□ No.	Go to lir	ne 12.					
	residence?	■ Yes.	Has you	ır landlord obtain	ed an eviction judgment agains	t you and do you want to stay in your residence?			
			110	No. Go to line 12					
				Yes. Fill out <i>Initia</i> bankruptcy petitio		ludgment Against You (Form 101A) and file it with this			

		Case 17-1		Doc 1	Filed 04/26/1 Document	Page 4 of 37
Deb	tor 1	Dolores R McCart	hy			Case number (if known)
ar	t 3: F	Report About Any Bu	sinesses	You Own a	s a Sole Proprietor	
12.		ou a sole proprietor full- or part-time ess?	■ No.	Go to P	art 4.	
			☐ Yes.	Name a	and location of busines	ss
A sole proprietorship is a business you operate as an individual, and is not separate legal entity suc as a corporation,		ess you operate as lividual, and is not a ate legal entity such		Name o	of business, if any	
	If you sole p	have more than one roprietorship, use a ate sheet and attach		Numbe	r, Street, City, State &	ZIP Code
		is petition.		Check	the appropriate box to	describe your business:
					Health Care Business	s (as defined in 11 U.S.C. § 101(27A))
					Single Asset Real Est	tate (as defined in 11 U.S.C. § 101(51B))
					Stockbroker (as defin	ed in 11 U.S.C. § 101(53A))
					Commodity Broker (a	s defined in 11 U.S.C. § 101(6))
					None of the above	
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> <i>debtor?</i>			deadline operation	s. If you ind	icate that you are a sr w statement, and fede	rt must know whether you are a small business debtor so that it can set appropriate mall business debtor, you must attach your most recent balance sheet, statement of tral income tax return or if any of these documents do not exist, follow the procedure
	For a	definition of small	■ No.	l am no	t filing under Chapter	11.
	busin	ess debtor, see 11 . § 101(51D).	□ No.	l am fili Code.	but I am NOT a small business debtor according to the definition in the Bankruptcy	
			☐ Yes.	l am fili	ng under Chapter 11 a	and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4:	Report if You Own or	Have Any	/ Hazardou	s Property or Any P	roperty That Needs Immediate Attention
14.	Do yo	ou own or have any erty that poses or is	■ No.			
	allego of im- ident	ed to pose a threat minent and fiable hazard to c health or safety?	☐ Yes.	What is th	e hazard?	
C p	Or do	you own any erty that needs diate attention?			ate attention is why is it needed?	
perisl livest or a b		cample, do you own nable goods, or ock that must be fed, uilding that needs t repairs?		Where is	the property?	
					Nu	umber, Street, City, State & Zip Code

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Deb	tor 1 Dolores R McCart	hy			Case number (if known)
Par	t 5: Explain Your Efforts t	o Re	eceive a Briefing About Credit Counseling		
		Abo	out Debtor 1:	Abo	out Debtor 2 (Spouse Only in a Joint Case):
15.	Tell the court whether you have received a briefing about credit counseling.	You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a	You	I must check one: I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of
	The law requires that you receive a briefing about credit counseling before		certificate of completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.		completion. Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	If you file anyway, the court can dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.		To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case. Your case may be dismissed if the court is dissatisfied
			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.		with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only for
			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.		cause and is limited to a maximum of 15 days.
			I am not required to receive a briefing about credit counseling because of:		I am not required to receive a briefing about credit counseling because of:
			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.		Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.		Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			 Active duty. I am currently on active military duty in a military combat zone. 		Active duty. I am currently on active military duty in a military combat zone.
			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.		If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-13090 Entered 04/26/17 15:00:00 Desc Main Document Page 6 of 37 Debtor 1 Case number (if known) Dolores R McCarthy Part 6: **Answer These Questions for Reporting Purposes** What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. □ No. Chapter 7? I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Do you estimate that Yes. are paid that funds will be available to distribute to unsecured creditors? after any exempt property is excluded and administrative expenses No. are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1.000-5.000 25,001-50,000** 1-49 you estimate that you **5001-10,000 50,001-100,000 50-99** owe? **10,001-25,000** ☐ More than 100,000 100-199 200-999 19. How much do you □ \$500,000,001 - \$1 billion **\$0 - \$50,000** □ \$1,000,001 - \$10 million estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion **\$50,001 - \$100,000** be worth? ☐ \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500,001 - \$1 million How much do you ☐ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million □ \$50,001 - \$100,000 to be? □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million □ \$100,001 - \$500,000 ☐ More than \$50 billion ☐ \$100,000,001 - \$500 million □ \$500,001 - \$1 million Sign Below Part 7: I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. For you If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a backruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and Signature of Debtor 2 Dolores R McCarthy Signature of Debtor 1 Executed on Executed on April 10, 2017 MM / DD / YYYY MM / DD / YYYY

Doc 1

Filed 04/26/17

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Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

gnature of Attorney for Debtor

April 10, 2017 MM / DD / YYYY

John P. Houlihan

Printed name

Beck & Houlihan, P.C.

534 W. Roosevelt Road

Wheaton, IL 60187

Number, Street, City, State & ZIP Code

Contact phone 630-933-9220

Email address

Date

jhoulihan@beckhoulihan.com

6193016

Bar number & State



Certificate Number: 14781-ILN-CC-028878963



CERTIFICATE OF COUNSELING

I CERTIFY that on March 7, 2017, at 4:54 o'clock PM CST, Dolores R McCarthy received from Hananwill Credit Counseling, an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 7, 2017

By: /s/Jay W Prindable for Jon F Kennedy

Name: Jon F Kennedy

Title: Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

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Fill	in this information to identify your case:		
Deb	otor 1 Dolores R McCarthy		
	First Name Middle Name Last Name		
	stor 2 use if, filing) First Name Middle Name Last Name		
Unit	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS		
Cas	se number		
(if kn	own)	_	if this is an ed filing
∩fi	ficial Form 106Sum		
	mmary of Your Assets and Liabilities and Certain Statistical Information	1	2/15
Be a	is complete and accurate as possible. If two married people are filing together, both are equally responsible rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amen original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.	for supplying ded schedul	g correct es after you file
		Your as Value o	sets f what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	52,500.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	52,500.00
Par	2. Summarize Your Liabilities		
		Your lia	abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	58,862.02
	Your total liabilitie	s \$	58,862.02
Pari	3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I)		
•	Copy your combined monthly income from line 12 of Schedule I	\$	4,233.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,387.88
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with y	our other sch	edules.
7.	₩ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for	or a nerconal	family or

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Dolores R McCarthy

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

4,583.33

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Case 17-13090 Doc 1 Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Main Document Fill in this information to identify your case and this filing: Debtor 1 Dolores R McCarthy Last Name Middle Name First Name Debtor 2 Middle Name Last Name First Name (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Check if this is an Case number amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Nissan Who has an interest in the property? Check one Make: the amount of any secured claims on Schedule D: Altima Creditors Who Have Claims Secured by Property. Model Debtor 1 only Year: 2015 Debtor 2 only Current value of the Current value of the 20,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another Vehicle lease-monthly payment \$0.00 \$0.00 \$440.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$0.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B

Schedule A/B: Property

page 1

Debtor 1	Case 17-13		Filed 04/26/17 Document	Entered 04/26/17 15:00:00 Page 12 of 37 Case number (if known)	Desc Main
_		our any			
■ Yes.	Describe				¢2 500 00
	L	Household furnit	ure & furnishings		\$3,500.00
□ No	including cell p	hones, cameras, me	dia players, games	pment; computers, printers, scanners; music of the computers of the computer of the computers of the computers of the computer of the computers of the computer of the computers of the computers of the computer of the computers of the computers of the computer of the computers of the computer of the computers of the computers of the computers of the computer of the computers of the computer of the computers of the computers of the computers of the computer of the computers of th	collections; electronic devices
	L	T desktop compt	iter, i laptop compu	ter, 1 1 v s, 2 ceri priories	
Examp	cibles of value oles: Antiques and find other collection	gurines; paintings, pr s, memorabilia, colle	rints, or other artwork; bo ectibles	ooks, pictures, or other art objects; stamp, coir	a, or baseball card collections;
Examp	nent for sports and bles: Sports, photogramusical instrum Describe	raphic, exercise, and	other hobby equipment;	bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
	Γ	4 hicycles misce	llangous sporting of	quipment, cannon camera	\$1,000.00
		4 bicycles, illisce	enameous sporting et	quipment, cannon camera	ψ1,000.00
■ No □ Yes. 11. Clothe Exam □ No	pples: Pistols, rifles, Describe	• '	on, and related equipment		
	[Clothing of debto	or & dependents		\$1,500.00
□ No	ples: Everyday jewe		gold wedding band	dding rings, heirloom jewelry, watches, gems,	gold, silver \$1,000.00
-					
Exam □ No —	arm animals aples: Dogs, cats, bi	rds, horses			
	ſ	8 year old Cavacl	hon dog		\$0.00
□ No	ther personal and . Give specific infor	_	ou did not already list,	including any health aids you did not list	

Official Form 106A/B

Schedule A/B: Property

	Case 17-1309		Doc 1	Filed 04 Docur		P	Entered 04/26/17 15:00:00 Page 13 of 37 Case number (if known)	Desc Main
Debtor 1	Dolores R McCa	arthy					Case number (if known)	
	bo	ooks,	pictures,	CD's, DVD's	S			\$1,000.00
	d the dollar value of a Part 3. Write that num						ny entries for pages you have attached	\$9,500.00
Part 4:	Describe Your Financial	Asset:	5					
Do you	own or have any lega	l or e	quitable inte	rest in any c	of the follo	wir	ing?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cas l <i>Exa</i> □ No	mples: Money you have	e in yo	our wallet, in	your home, ir	n a safe de	pos	osit box, and on hand when you file your petition	no
■ Ye	es							
							Cash	\$150.00
Exa □ No	institutions. If yo				he same ir	stit	of deposit; shares in credit unions, brokerage h titution, list each.	nouses, and other similar
■ Ye	es				Institution	na	ame:	
	1	17.1.		ending in	ВМО На	rri	ris	\$400.00
	1	17.2.		ending in	Chase			\$450.00
	1	17.3.	Business ending in	Checking 4441	ВМО На	rri	ris	\$0.00
	ds, mutual funds, or p		•		ge firms, mo	one	ey market accounts	
■ No	•		Institution or	issuer name:				
19. Non	t venture					COI	orporated businesses, including an interes	t in an LLC, partnership, and
■ Ye	es. Give specific inform		about them ne of entity:				% of ownership:	
		DO	T Producti	ons, Inc			%	\$0.00
Neg Non ■ No □ Ye	n-negotiable instruments es. Give specific informate rement or pension acc	lude p s are t ation a Issu	ersonal chechose you can about them er name:	cks, cashiers' nnot transfer	checks, pr to someon	om e b	nissory notes, and money orders. by signing or delivering them.	
□ No	o es. List each account se	parat	ely.	01(k), 403(b),	thrift savir	ngs	s accounts, or other pension or profit-sharing	plans
Official F	orm 106A/B	Гуре	of account:	Sch	Institution edule A/B:			page 3

Case 17-13090 Doc 1 Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Main Page 14 of 37 Case number (if known) Document Debtor 1 Dolores R McCarthy

\$42,000.00 Allstate Financial Services IRA ending in 9620 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement Yes. Give specific information..... Child Support of \$1,600/month Child Support Unknown 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information...

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Official Form 106A/B

Schedule A/B: Property

page 4

Case 17-13090 Doc 1 Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Main Page 15 of 37 Case number (if known) Document Debtor 1 **Dolores R McCarthy** Lincoln Benenfit Life Insurance policy Patrick McCrathy as trustee for Debtor's no. ending in 3710 \$0.00 children term policy with no cash value 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$43,000.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47.

Part 7:

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

■ No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Official Form 106A/B

Entered 04/26/17 15:00:00 Desc Main Case 17-13090 Doc 1 Filed 04/26/17 Page 16 of 37 Case number (if known) Document Debtor 1 **Dolores R McCarthy** List the Totals of Each Part of this Form Part 8: \$0.00 55. Part 1: Total real estate, line 2 56. Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$9,500.00 58. Part 4: Total financial assets, line 36 \$43,000.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... Copy personal property total \$52,500.00 \$52,500.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$52,500.00

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Fill in this infor	mation to identify your	case:		
Debtor 1	Dolores R McCar	thy		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	art 1: Identify the Property You Claim as E	xempt									
1.	Which set of exemptions are you claiming?	? Check one only, eve	en if yo	ur spouse is filing with you.							
	You are claiming state and federal nonbank	cruptcy exemptions.	11 U.S	S.C. § 522(b)(3)							
	☐ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)									
2.	For any property you list on Schedule A/B	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.									
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption						
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.							
	Cash Line from Schedule A/B: 16.1	\$150.00		\$150.00	735 ILCS 5/12-1001(b)						
	Line non schedule Ab. 10.1			100% of fair market value, up to any applicable statutory limit							
	Checking ending in 3901: BMO Harris Line from Schedule A/B: 17.1	\$400.00		\$400.00	735 ILCS 5/12-1001(b)						
	Line from Schedule AVB: 17.1			100% of fair market value, up to any applicable statutory limit							
	Checking ending in 2859: Chase Line from Schedule A/B: 17.2	\$450.00		\$450.00	735 ILCS 5/12-1001(b)						
	Line II of II Schedule 2015. 11.2			100% of fair market value, up to any applicable statutory limit							
	IRA ending in 9620: Allstate Financial Services	\$42,000.00		\$42,000.00	735 ILCS 5/12-1006						
	Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit							
	Lincoln Benenfit Life Insurance policy no. ending in 3710	\$0.00		\$0.00	735 ILCS 5/12-1001(f)						
	term policy with no cash value Beneficiary: Patrick McCrathy as trustee for Debtor's children Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit							

Official Form 106C

Schedule C: The Property You Claim as Exempt

	Case 17-13090	Doc 1		Entered 04/26/17 15:00:00	Desc Main
Debtor :	Dolores R McCarthy		Document	Page 18 of 37 Case number (if known)	
	e you claiming a homestead			es filed on or after the date of adjustment.)	
	No	·	•	•	
	Yes. Did you acquire the pr	operty cover	ed by the exemption with	in 1,215 days before you filed this case?	
	□ No				
	☐ Yes				

Official Form 106C

Case 17-13090 Doc 1 Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Main

Fill in this infor	mation to identify your	case:	
Debtor 1	Dolores R McCar	thy	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS
Case number			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

Case 17-13090 Doc 1 Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Main Page 20 of 37 Document Fill in this information to identify your case: Debtor 1 **Dolores R McCarthy** Last Name Middle Name First Name Debtor 2 Middle Name Last Name First Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number ☐ Check if this is an (if known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Total claim 4.1 0850 Badowski Druzak Jensen MDS SC Last 4 digits of account number \$23.11 Nonpriority Creditor's Name 10 W. Martin Ave. When was the debt incurred? 2015 Suite 100 Naperville, IL 60540 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

Is the claim subject to offset?

report as priority claims

 \square Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

■ Other, Specify medical services for Debtor

Debto	Case 17-13090 Doc 1 Dolores R McCarthy	Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Ma Document Page 21 of 37 Case number (if know)	ain
4.2	Dr. Jerome Bergamini Nonpriority Creditor's Name	Last 4 digits of account number 9774	\$420.00
	405 South Main Naperville, IL 60540	When was the debt incurred? May 2011	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	medical services for Debtor; Cook Co case no 16M 2001060	
4.3	Dunham Counseling/Isenberg Nonpriority Creditor's Name	Last 4 digits of account number	\$60.00
	1516 Legacy Circle Suite 108	When was the debt incurred? 2015	
	Naperville, IL 60563	_	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_	n .	
	Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify counselling services for Shelly McCarthy	
1.4	Edward Health Ventures Nonpriority Creditor's Name	Last 4 digits of account number 4364	\$15.60
	26185 Network Place Chicago, IL 60673-1261	When was the debt incurred? June 2014	
	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	— NO	_ medical services for Dolores Caravett	
	☐ Yes	Other. Specify McCarthy	

Debto	Case 17-13090 Doc 1 Dolores R McCarthy	Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Ma Document Page 22 of 37 Case number (if know)	ain
1.5	Edward Hospital	Last 4 digits of account number 2640	\$71.70
	Nonpriority Creditor's Name PO Box 4207	When was the debt incurred? 10/22/2013	
	Carol Stream, IL 60197-4207 Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify medical services for Dolores Caravette McCarthy	
1.6	Edward Hospital	Last 4 digits of account number 0869	\$98.35
	Nonpriority Creditor's Name PO Box 4207	When was the debt incurred? 06/03/2014	
	Carol Stream, IL 60197-4207 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify McCarthy medical services for Dolores R. Caravette	
1.7	GE Capital Retail Bank Nonpriority Creditor's Name	Last 4 digits of account number 8606	\$9,828.40
	PO Box 960061 Orlando, FL 32896	When was the debt incurred? 2010-2013	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	oxdot Obligations arising out of a separation agreement or divorce that you did not	
	is the claim subject to offset?	report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	∏ yes	Other Specific credit card purchase of goods and services	

Debtor 1	Case 17-13090 Doc 1 Dolores R McCarthy	Filed 04/26/17 Entered 04/26/17 15:00:00 Desc M Document Page 23 of 37 Case number (if know)	ain
4.8	Kohls	Last 4 digits of account number 1144	\$3,312.61
	Nonpriority Creditor's Name PO Box 3043	When was the debt incurred? 2013-2016	
_	Milwaukee, WI 53201-3043 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify credit card purchase of goods and services	
4.9	Laboratory Corp. of America Holding Nonpriority Creditor's Name	Last 4 digits of account number	\$86.19
	PO Box 2240 Burlington, NC 27216-2240 Number Street City State Zlp Code	When was the debt incurred? 04/17/2014 As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify medical services for Debtor	
	Macys Nonpriority Creditor's Name	Last 4 digits of account number 1691	\$564.69
	PO Box 78808 Phoenix, AZ 85062-8008	When was the debt incurred? 2013-2016	
_	Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	lacksquare At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	ls the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify credit card purchase of goods and services	

Debto	Case 17-13090 Doc 1 Tolores R McCarthy	Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Document Page 24 of 37 Case number (if know)	Main
1.1 I	Nagle Obarski PC Nonpriority Creditor's Name 222 S. Mill St.	Last 4 digits of account number When was the debt incurred? 2015	\$1,785.00
	Suite 200 Naperville, IL 60540 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify attorney's fees for DOT Productions	
1.1 2	Nissan Motor Acceptance Corp.	Last 4 digits of account number 8807	\$10,375.00
	Nonpriority Creditor's Name PO Box 660360 Dallas, TX 75266-0360	When was the debt incurred? 2016	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Car Lease\$439.32/month	
¥.1	Nordstrom	Last 4 digits of account number 7210	\$1,828.21
	Nonpriority Creditor's Name PO Box 79139	When was the debt incurred? 2015-2016	
	Phoenix, AZ 85062-9139	When was the debt incurred? 2013-2016	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	∏ yes	Other Specific credit card purchase of goods and services	

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Debto	Dolores R McCarthy	Document Page 25 of 37 Case number (if know)	
4.1	Northstar Credit Union	Last 4 digits of account number 6771	\$15,763.65
	Nonpriority Creditor's Name c/o Markoff Law LLC 29 N Wacker Dr # 550	When was the debt incurred? 2012	
	Chicago, IL 60606 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other Specify personal loan, DuPage Co Case 16 AR 1151	
4.1 5	Ocwen Loan Servicing, LLC	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name c/o Gray & Associates 16345 West Glendale Dr	When was the debt incurred? 2013	
	New Berlin, WI 53151-2841 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Walworth CO case no 13-CV-00884	
4.1 6	Portfolio Recovery Associates Nonpriority Creditor's Name	Last 4 digits of account number 8606	\$9,828.40
	PO Box 12914 Norfolk, VA 23541	When was the debt incurred? 2012-2013	
	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt		
	ls the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
		credit card purchases of goods &	
	☐ Yes	services-GE Cpaitla Retail Bank original Other. Specify creditor	

Debtor 1		17-13090 Doc 1	Filed 04/26/17 Document			/26/17 15: 37 umber (if know)	00:00 Desc N	/lain
	, oioica i	Moduliny				(,		
		ecovery Associsates	Last 4 digits of accou	nt number	8379			\$4,776.11
c/o		ditor's Name Baines, PC /e	When was the debt in	curred?	2012-	-2014		
Num		L 60090 City State Zlp Code the debt? Check one.	As of the date you file	e, the claim	is: Check	all that apply		
■ 0	Debtor 1 onl	у	☐ Contingent					
	Debtor 2 oni	, v	☐ Unliquidated					
		d Debtor 2 only	☐ Disputed					
		of the debtors and another	Type of NONPRIORIT	Y unsecure	d claim:			
		s claim is for a community	☐ Student loans					
debt	t	bject to offset?	Obligations arising report as priority claims		aration ag	reement or divorc	ce that you did not	
	No		Debts to pension or	profit-sharin	ig plans, a	and other similar	debts	
			_ G	E Capital	Retail	ases of good Bank origina		
□ Y	/es		Other. Specify Dt	uPage Co	case 1	4 SC 6030	· · · · · · · · · · · · · · · · · · ·	
-	-	o. Services	Last 4 digits of accou	nt number	3839			\$25.00
c/o Mai			When was the debt in	curred?	2014			
Tho Num	orofare, I	NJ 08086-0129 City State ZIp Code the debt? Check one.	As of the date you file	e, the claim	is: Check	all that apply		
	Debtor 1 onl	v	☐ Contingent					
_	Debtor 2 oni	•	☐ Unliquidated					
		d Debtor 2 only	☐ Disputed					
		of the debtors and another	Type of NONPRIORIT	Y unsecure	d claim:			
		s claim is for a community	☐ Student loans					
debt	t	bject to offset?	Obligations arising report as priority claims		aration ag	reement or divord	ce that you did not	
■ N	No		Debts to pension or	profit-sharin	ng plans, a	and other similar	debts	
ΠY			Other. Specify Cr	edit card	purcha	ases of good	ls & services	
Part 3: L	ist Others	s to Be Notified About a De	ebt That You Already List	ted				
is trying to have more	collect fro than one c	rou have others to be notified m you for a debt you owe to s reditor for any of the debts the in Parts 1 or 2, do not fill out o	omeone else, list the origina at you listed in Parts 1 or 2,	al creditor in	Parts 1	or 2, then list the	e collection agency here	. Similarly, if you
Part 4: A	dd the Ar	mounts for Each Type of U	nsecured Claim					
. Total the ai type of uns		certain types of unsecured cla im.	nims. This information is for	statistical r	eporting	purposes only.	28 U.S.C. §159. Add the	amounts for each
	_	Banarda a series a	_		•		al Claim	
Total	6a.	Domestic support obligation	S		6a.	\$	0.00	
claims		_						
from Part 1	6b.	Taxes and certain other debt	=	icated	6b. 6c.	\$ 	0.00	
	6c. 6d.	Other. Add all other priority un			6d.	\$ \$	0.00	
	54 .					*	0.00	
	6e.	Total Priority. Add lines 6a the	rough 6d.		6e.	\$	0.00	
	6f.	Student loans			6f.		tal Claim	
	O 1.	Orangur ingila			JI.	\$	0.00	

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Debtor 1 Dolores R McCarthy

Total claims from Part 2

Obligations arising out of a separation agreement or divorce that

you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 6h.

Other. Add all other nonpriority unsecured claims. Write that amount 6i.

6j. Total Nonpriority. Add lines 6f through 6i.

0.00 6g.

6h. 0.00

6i. 58,862.02

6j. 58,862.02

Case 17-13090 Doc 1 Filed 04/26/17 Entered 04/26/17 15:00:00 Desc Main Page 28 of 37 Document Fill in this information to identify your case: Debtor 1 **Dolores R McCarthy** Middle Name Last Name First Name Debtor 2 Middle Name Last Name (Spouse if, filing) First Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number ☐ Check if this is an (if known) amended filing Official Form 106G Schedule G: Executory Contracts and Unexpired Leases 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any Do you have any executory contracts or unexpired leases?

additional pages, write your name and case number (if known).

- - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

2.1 Mike Ide 406 S. Knight Park Ridge, IL 60068 lease of 420 N. River Rd Naperville, IL 60540

2.2 Nissan Motor Acceptance Corp. PO Box 660360 Dallas, TX 75266-0360

lease of 2014 Mercedes 350

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Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (If known) Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: MM / DD/ YYYY	Fill	in this information to identify your ca	ase:							
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number ("f frown)										
Case number Check if this is: An amended filling A supplement showing postpetition chapter 13 income as of the following date: MMI/DD/YYYY										
Official Form 106 Schedule I: Your Income Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If you are separated and your spouse is not filling with you, do not include information about your spouse. If more space is needed, if you have more than one job, attach a separate page with information about additional employers. Debtor 1 Debtor 2 or non-filling spouse Employer's name Employer's name Employer's address 127 S. Washington Naperville, IL 60540 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly Income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated. For Debtor 1 For Debtor 2 or non-filling spouse Le Chocolat Employer's address 127 S. Washington Naperville, IL 60540 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A SINA	Uni	ted States Bankruptcy Court for the	NORTHERN DISTRIC	CT OF ILLINOIS						
Schedule I: Your Income Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question Part 1:				-			☐ An amende	nt showin		chapter
Be as complete and accurate as possible. If two married people are filling together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filling jointly, and your spouse is living with you, include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question to the post of any additional pages, write your name and case number (if known). Answer every question to the post of any additional pages, write your name and case number (if known). Answer every question to the post of any additional pages, write your name and case number (if known). Answer every question and the post of any additional pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages, write your name and case number (if known). Answer every question pages is not filling with you, do not include information about your spouse. Include pages, write your name and case number (if known). Answer every question pages is not filling with you are separated. Debtor 1	0	fficial Form 106l					MM / DD/ Y	YYY		
supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. It more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question to the top of any additional pages, write your name and case number (if known). Answer every question to the top of any additional pages, write your name and case number (if known). Answer every question to the top of any additional pages, write your name and case number (if known). Answer every question to the top of any additional pages, write your name and case number (if known). Answer every question to the top of any additional pages, write your name and case number (if known). Answer every question between the top of any additional pages, write your name and case number (if known). Answer every question between the top of any additional pages, write your name and case number (if known). Answer every question between the top of any additional pages, write your name and case number (if known). Answer every question to case the top of any additional pages, write your name and case number (if known). Answer every question pages, attach a separate beat to this form. Debtor 1	S	chedule I: Your Inc	ome							12/15
information. If you have more than one job, attach a separate page with information about additional employers. Occupation Director of Sales & Marketing Le Chocolat Employer's name Le Chocolat 127 S. Washington Naperville, IL 60540 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need nore space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A Not employed Employed Employed Not	spo	use. If you are separated and you ch a separate sheet to this form.	r spouse is not filing wi	ith you, do not inclu	de infor	mati	on about your spo	use. If mo	o <mark>re space is</mark> r	needed,
attach a separate page with information about additional employers. Occupation Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address 127 S. Washington Naperville, IL 60540 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	1.			Debtor 1			Debtor 2	or non-fi	ling spouse	
Include part-time, seasonal, or self-employed work. Occupation Employer's name Le Chocolat 127 S. Washington Naperville, IL 60540 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A N/A			Employment status	■ Employed			☐ Emplo	yed		
Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies. Employer's address It applies. Employer's address It appriville, IL 60540 How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A		information about additional	Employment status	☐ Not employed			☐ Not er	nployed		
Self-employed work. Occupation may include student or homemaker, if it applies. Employer's address Occupation may include student or homemaker, if it applies. How long employed there? Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A		employers.	Occupation	Director of Sale	s & Ma	rket	ing			
Part 2: Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. +\$ 0.00 +\$ N/A N/A			Employer's name	Le Chocolat						
Give Details About Monthly Income Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A Sestimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A			Employer's address							
Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse 2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. +\$ 0.00 +\$ N/A			How long employed to	here?						
spouse unless you are separated. If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form. For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A	Par	t 2: Give Details About Mor	thly income							
Estimate and list monthly overtime pay. For Debtor 1 For Debtor 2 or non-filling spouse List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 3. Estimate and list monthly overtime pay. Solution 1 For Debtor 2 or non-filling spouse 2. \$ 4,583.00 \$ N/A	spou	use unless you are separated.	•		•	•	·	•	·	•
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A				monitor the informatio	ii ioi aii t	JIII	Sycia for that perso	ii on the ii	nes below. If y	rou necu
2. deductions). If not paid monthly, calculate what the monthly wage would be. 2. \$ 4,583.00 \$ N/A 3. Estimate and list monthly overtime pay. 3. +\$ 0.00 +\$ N/A										
	2.				2.	\$	4,583.00	\$	N/A	
4. Calculate gross Income. Add line 2 + line 3. 4. \$ 4,583.00 \$ N/A	3.	Estimate and list monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	
	4.	Calculate gross income. Add lin	ne 2 + line 3.		4.	\$	4,583.00	\$	N/A	

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Deb	tor 1	Dolores R McCarthy		(Case	number (if kr	iown)					
					Foi	r Debtor 1		non-	ebtor filing s	pouse		
	Cop	by line 4 here	4.		\$	4,583	3.00	\$		N/A	<u> </u>	
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a		\$	1,350	.00	\$		N/A	4	
	5b.	Mandatory contributions for retirement plans	5b		\$	C	00.0	\$		N/A	<u> </u>	
	5c.	Voluntary contributions for retirement plans	5c		\$	C	0.00	\$		N/A	A	
	5d.	Required repayments of retirement fund loans	5d		\$_	(.00	\$		N/A	<u> </u>	
	5e.	Insurance	5е		\$_	600	.00	\$		N/A	<u>\</u>	
	5f.	Domestic support obligations	5f.		\$_		0.00	\$		N/A	<u> </u>	
	5g.	Union dues	5g		\$_		00.0	\$		N/A	1	
	5h.	Other deductions. Specify:	_ 5h	.+	\$_		00.0	+ \$		N/ <i>A</i>	<u> </u>	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	1,950	00.	\$		N/A	<u> </u>	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,633	3.00	\$		N/A	<u> </u>	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	ı.	\$	(0.00	\$		N/A	A	
	8b.	Interest and dividends	8b	١.	\$	(0.00	\$		N/A	1	
	8c. 8d.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c 8d		\$_ \$_	1,600	0.00	\$ \$		N/A		
	8e.	Social Security	8e	١.	\$_	(0.00	\$		N/A	<u> </u>	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$ _		0.00	\$		N// N//		
	8g. 8h.		_	ı. I.+	\$ -		0.00	*		N/A	_	
	OII.	Other monthly income. Specify:	_ "		<u> </u>		7.00	· 📛		13//	<u> </u>	
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	;	.	1,600	0.00	\$		N	/A	
40	0-1	autota manutata ina anna Andriina 7 i lina 0	10.	\$		4 000 00	+ \$		N/A	= \$	4 22	2 00
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ-		4,233.00	T Ψ -		N/A	- -	4,23	3.00
11.	Star Incliothe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe			-			chedule 11.			0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The restee that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$		33.00
13.	Do	you expect an increase or decrease within the year after you file this form	?							Comb monti	oined hly inco	ome
		No. Yes Evolain:										

Fill	in this information to identify your case:			
Deb	otor 1 Dolores R McCarthy		Check if this is:	
Dob	btor 2		An amended filing	
1	ouse, if filing)		A supplement show13 expenses as of	ving postpetition chapter the following date:
Unit	ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLIN	OIS	MM / DD / YYYY	
Cas	se number			
	(nown)			
\sim	fficial Form 106J			
_	chedule J: Your Expenses			12/15
Be	as complete and accurate as possible. If two married people ar			or supplying correct
	ormation. If more space is needed, attach another sheet to this temper (if known). Answer every question.	form. On the top of any ac	dditional pages, write y	our name and case
Par	rt 1: Describe Your Household			
1.	Is this a joint case?			
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?			
	☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses	for Separate Household of	Debtor 2.	
2.	Do you have dependents? ☐ No			
	Do not list Debtor 1 and Yes. Fill out this information for	Dependent's relationship	to Dependent's	Does dependent
	Debtor 2. each dependent	Debtor 1 or Debtor 2	age	live with you?
	Do not state the			□ No
	dependents names.	Daughter	10	■ Yes
		Daughter	12	□ No ■ Yes
		Dudgiitoi		□ No
		Daughter	15	Yes
				□ No
		Daughter	16	Yes
		Son	19	□ No
3.	Do your expenses include No	3011		Yes
	expenses of people other than yourself and your dependents?			
Par	rt 2: Estimate Your Ongoing Monthly Expenses			
exp	timate your expenses as of your bankruptcy filing date unless y penses as of a date after the bankruptcy is filed. If this is a supp			
• • •	plicable date.		**************************************	W. a
	clude expenses paid for with non-cash government assistance if e value of such assistance and have included it on Schedule I: Y			
	fficial Form 106l.)		Your exp	enses
4.	The rental or home ownership expenses for your residence. It	nclude first mortgage	4 6	1 500 00
	payments and any rent for the ground or lot.		4. \$	1,500.00
	If not included in line 4:			
	4a. Real estate taxes		a. \$	0.00
	4b. Property, homeowner's, or renter's insurance4c. Home maintenance, repair, and upkeep expenses		lb. \$ lc. \$	0.00 100.00
	4d. Homeowner's association or condominium dues		ld. \$	0.00
5.	Additional mortgage payments for your residence, such as ho	me equity loans	5. \$	0.00

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Debtor 1 Dolores R McCarthy

Case number (if known)

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btor 1 Dolores R McCarthy			ber (if known)	
Utilities:				
6a. Electricity, heat, natural gas		6a.	\$	100.00
6b. Water, sewer, garbage collection		6b.	\$	50.00
6c. Telephone, cell phone, Internet, satellit	e, and cable services	6c.	\$	170.00
6d. Other Specify: Cell Phone		6d.	\$	137.88
Food and housekeeping supplies		_ _{7.}	\$	1,500.00
Childcare and children's education costs		8.	\$	150.00
Clothing, laundry, and dry cleaning		9.	\$	200.00
Personal care products and services		10.	\$	200.00
Medical and dental expenses		11.	\$	0.00
Transportation. Include gas, maintenance, t	ous or train fare.			
Do not include car payments.		12.	\$	250.00
Entertainment, clubs, recreation, newspap	ers, magazines, and books	13.		250.00
Charitable contributions and religious dor	nations	14.	\$	40.00
Insurance.				
Do not include insurance deducted from your	pay or included in lines 4 or 20.	45-	•	50.00
15a. Life insurance		15a.		50.00
15b. Health insurance		15b.	·	0.00
15c. Vehicle insurance		15c.		150.00
15d. Other insurance. Specify:		15d.	>	0.00
Taxes. Do not include taxes deducted from y	our pay or included in lines 4 or 20.	16.	¢	0.00
Specify: Installment or lease payments:			Ψ	0.00
17a. Car payments for Vehicle 1		17a.	\$	440.00
17b. Car payments for Vehicle 2		17b.	·	0.00
17c Other Specific		17c.	·	0.00
17d. Other Specify:		17d.	·	0.00
Your payments of alimony, maintenance,	and support that you did not report as	1, u.	Ψ <u></u>	0.00
deducted from your pay on line 5, Schedu		18.	\$	0.00
Other payments you make to support other			\$	100.00
Specify: College children - Shelley &		19.		
Other real property expenses not included	I in lines 4 or 5 of this form or on Sched	ule I: Yo	ur Income.	
20a. Mortgages on other property		20a.		0.00
20b. Real estate taxes		20b.	\$	0.00
20c. Property, homeowner's, or renter's inst	urance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expe	nses	20d.	\$	0.00
20e. Homeowner's association or condomin	ium dues	20e.	\$	0.00
Other: Specify:		21.	+\$	0.00
		_ `		
Calculate your monthly expenses				
22a. Add lines 4 through 21.			\$	5,387.88
22b. Copy line 22 (monthly expenses for Deb			\$	
22c. Add line 22a and 22b. The result is you	r monthly expenses.		\$	5,387.88
Calculate your monthly net income.				
23a. Copy line 12 (your combined monthly i	ncome) from Schedule I	23a.	\$	4,233.00
23b. Copy your monthly expenses from line		23b.		5,387.88
200. Oopy your monthly expenses northline	LLO GROTO.	200.	*	J,307.00
23c. Subtract your monthly expenses from	your monthly income.			
The result is your <i>monthly net income</i> .		23c.	\$	-1,154.88
-				
	ava anaga veikhim kha vaan aftan vari	, fila ébic	form?	
Do you expect an increase or decrease in	your expenses within the year after you	i ille ulis		
For example, do you expect to finish paying for you	r car loan within the year or do you expect your m	nortgage	payment to increase	or decrease because of
Do you expect an increase or decrease in For example, do you expect to finish paying for you modification to the terms of your mortgage? No.	your expenses within the year after you r car loan within the year or do you expect your n	nortgage	payment to increase	or decrease because c

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Fill in this in	formation to identify your	case:				
Debtor 1	Dolores R McCar	thy				
	First Name	Middle Name	Last Name			
Debtor 2	First Name	Maintalla Niana	Last Name			
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)					Check if this is an	
					amended filing	
O(() E	400D					
	orm 106Dec					
Declar	ation About a	an Individual	Debtor's Sc	hedules	12/15	
	n. 18 U.S.C. §§ 152, 1341, <i>1</i> Sign Below	I519, and 3571.				
Did you	pay or agree to pay some	eone who is NOT an attor	ney to help you fill out b	ankruptcy forms?		
■ No						
☐ Yes	s. Name of person				Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)	
that they	enalty of perjury, I declare are true and correct. Ores R McCarthy ature of Debtor 1	that I have read the sum	Signature of	d with this declaration and Debtor 2		
Date	April 10, 2017		Date			

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Fill in this inform	ation to identify your	case:					
Debtor 1	Dolores R McCart	hy Middle Name		Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name		Last Name			
United States Ban	kruptcy Court for the:	NORTHERN DIS	TRICT OF ILL	INOIS			
Case number							
(if known)						Check if this is an amended filing	
Official For	m 108						
-		n for Indiv	<u>riduals</u>	Filing Under Cl	hapter 7	12/15	
	ridual filing under cha claims secured by yo	•	ll out this for	n if:			
_	• •	• • •	ot expired				
You must file this	er is earlier, unless th	ithin 30 days after	you file your	bankruptcy petition or by thuse. You must also send cop			
If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.							
	nd accurate as possib our name and case nur		s needed, att	ach a separate sheet to this f	form. On the top	of any additional pages,	
Part 1: List Yo	ur Creditors Who Have	e Secured Claims					
1. For any credito	ers that you listed in Pa	art 1 of Schedule D): Creditors V	Vho Have Claims Secured by	Property (Offici	al Form 106D), fill in the	
information bel		and the second s		ou intend to do with the prop	perty that	Did you claim the property is exempt on Schedule C?	
					The control of the co		
	ssan Motor Accepta	ance Corp.		ler the property.		■ No	
name:			_	the property and redeem it.	Г	7 v	
Description of	Car Lease			the property and enter into a mation Agreement.	·	☐ Yes	
property				the property and [explain]:			
securing debt:			pay pur	suant to lease terms			
Part 2: List Yo	ur Unexpired Persona	l Property Leases					
in the information	n below. Do not list rea	al estate leases. Ur	nexpired leas	G: Executory Contracts and es are leases that are still in oes not assume it. 11 U.S.C.	effect; the lease	es (Official Form 106G), fill period has not yet ended.	
Describe your ui	nexpired personal pro	perty leases			Wilft	he lease be assumed?	
Lessor's name:					□ No	0	
Description of lea Property:	sed				□ Ye	9 S	
Lessor's name:	and				□ N	D	
Description of lea Property:	seu				□ Y	98	
Lessor's name:					□ N	0	

Best Case Bankruptcy

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Debtor 1 Dolores R McCarthy	Case number (if known)
Description of leased Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased Property:	□ No
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention a property that is subject to an unexpired lease.	bout any property of my estate that secures a debt and any personal
Bolores R McCarthy	X Signature of Debtor 2
Signature of Debtor 1	
Date April 10, 2017	Date

Best Case Bankruptcy